



Maricopa County Department of Public Health
Request for Certified Copy of ARIZONA Death Certificate

Date Stamp Here

Mail Application to: MCOVR (Maricopa County Office of Vital Registration)
PO Box 2111 – Phoenix AZ – 85001

Apply In Person: 4 Locations Valley wide

Fees: \$20.00 per Certified Copy
\$30.00 per Correction or Major Change to an AZ Death Record

Please! No Cash and Checks – Thank you!

CUSTOMER Checklist

- ☐ ID Required - **Front and Back** Photocopy of Your Valid, Signed Government Photo ID **OR** Have Your Signature Notarized on Application
- ☐ Sign the Application – Don't Forget!
- ☐ Include a Self-Addressed Stamped Envelope
- ☐ Correct Fee Required – Please, no Cash or Checks
- ☐ Any Required Documents (e.g. Proof of Relationship, etc.)

Order Info	Today's Date	# of Copies Requested	Purpose of Request (Including Genealogy)		Payment Method	Amount Enclosed
	Are Copies to be used for Government Claims? <input type="checkbox"/> Yes <input type="checkbox"/> No		If Yes, List Each Type of Claim	Special Requests (e.g. with cause, pending, additional request)		
Death Certificate Info	Name on Death Certificate					
	First	Middle		Last		
	Date of Death	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Social Security Number	Funeral Home or Donation Facility	
Person Requesting Certificate	Place of Death <input type="checkbox"/> Hospital <input type="checkbox"/> Residence <input type="checkbox"/> Other _____ City _____ County _____ State _____					
	Applicant's Signature (Required)			Print Applicant's Full Name: First, Middle, Last		
	Email			Cell/Telephone Number		
	Mailing Address					
	Street _____ Apt/Suite _____ City _____ State _____ Zip Code _____					
Notary Area	Your Relationship to Person on Certificate- Check One *PROOF of Relationship MUST be Provided if You are NOT Named on the Certificate <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Grandparent <input type="checkbox"/> Brother/Sister <input type="checkbox"/> Other _____					
	State of _____ County of _____ On this _____ day of _____, 20 _____ before me personally appeared _____ (name of signer), whose identity was proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this document, and who acknowledged that he/she signed the above document. Notary Signature _____ My Commission Expires _____					
Office Use Only	Gov't Issued ID			State File Number _____		
	Documents Verified			Request ID _____		
	Verification: <input type="checkbox"/> Process <input type="checkbox"/> Return by Mail <input type="checkbox"/> Call Insufficient Reason: <input type="checkbox"/> No Fee/ Incorrect Fee <input type="checkbox"/> Need Clear Copy of ID <input type="checkbox"/> Applicant Ineligible <input type="checkbox"/> Incorrect Payment Type <input type="checkbox"/> Need CC holder's ID w/ Signature <input type="checkbox"/> Not an AZ Record <input type="checkbox"/> CC Expired <input type="checkbox"/> Need ID w/ Signature <input type="checkbox"/> Need Documents <input type="checkbox"/> ID Expired/Invalid <input type="checkbox"/> Need Signature <input type="checkbox"/> Other _____			Date Entered _____		
				Date Issued _____		
Credit Card				Serial Numbers _____		
				Receipt # _____		
Payment Information						
Card Number _____ Card Expiration Date _____ <input type="checkbox"/> VISA <input type="checkbox"/> MC						
Signature of Card Holder _____ \$20.00 X _____ = \$ _____ # of Paid Copies Requested _____ Amount to be Charged _____						

***Must attach copy of credit card holder's valid, current government photo ID with signature.**

Apply by Mail. Send Complete, Signed Application with Fee to:

**MCOVR (Maricopa County Office of Vital Registration)
PO Box 2111 – Phoenix AZ – 85001**

MaricopaVitalRecords.com - Download and Print Forms, Read FAQs and Directions

Apply In Person: 4 Locations Valley wide

Central Valley - 3221 N. 16th St., Ste. 100, Phoenix 85016 (1 Block S. of Osborn)

North Valley - 2423 W. Dunlap Ave., Ste. 110, Phoenix 85021 (E. of I-17 Exit Dunlap)

West Valley - 1850 N. 95th Ave., Ste. 182, Phoenix 85037 (101 Fwy/N. of McDowell)

East Valley - 4419 E. Main St. Ste., 105, Mesa 85205 (I-60/202 Red Mtn North Fwy)

Hours: Monday-Friday 8:00am-4:30pm – Closed holidays and Other Dates

Phone: 602-506-6805

Apply Online: VitalChek.com – Additional fees for service in addition to cost per certified copies.

****Mail and walk-in services may be faster and with no add-on fees!**

Fees: \$20.00 Per Certified Copy

\$30.00 Change to vital record and fee includes 1 certified copy

Questions? Call or Stop in! We are here to assist you.

And lastly, please no checks or cash. Mailed applications with either will be returned.

Thank you!